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APPLICANTS

Christopher P. Geisert, Grand Rapids, MI;

** CONTINUING DATA *****

None

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MI	SHEETS DRAWING 1	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

000277
 PRICE HENEVELD COOPER DEWITT & LITTON, LLP
 695 KENMOOR, S.E.
 P O BOX 2567
 GRAND RAPIDS , MI
 49501

TITLE

Upper body support device

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